



5151 Pfeiffer Rd. ML 400  
 Cincinnati, OH 45242-4805  
 Phone: (800) 436-3100  
 Fax: (513) 830-9583

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June 2 , 2008

CHAD MCGOWAN  
 MCGOWAN, HOOD & FELDER, LLC  
 1539 HEALTH CARE DR  
 ROCK HILL SC 29732-

RE: Employer: LEXINGTON PRECISION  
 Health Plan: UMR  
 Date of Injury: 9/10/2007  
 Member Name: JUSTIN E PRESLEY  
 Event Number: UMR-128960-132872  
 Your File Number:

To Whom It May Concern:

Please provide us with the status of this case by making the appropriate indications below.

| Case Status  |   |
|--|---|
| <input checked="" type="checkbox"/>  | Case not settled. When do you expect case to settle? <i>Unknown at this time.</i>                   |
| <input type="checkbox"/>   | Claim Pending. Health Plan's interest is noted and will be protected.                               |
| <input type="checkbox"/>   | The case settled on / / for \$  |
| <input type="checkbox"/>   | Settlement funds were disbursed to on / / .   |
| <input type="checkbox"/>   | Medicals <b>were</b> included in the settlement. <i>Documents proving this are attached.</i>        |
| <input type="checkbox"/>   | Medicals <b>were not</b> included in the settlement. <i>Documents proving this are attached.</i>    |
| <input type="checkbox"/>   | Case in litigation/arbitration.<br>Court Date: _____<br>Case Number: _____<br>Court Filed In: _____ |
| <input type="checkbox"/>   | We no longer represent the member.  |
| This form was completed by:<br><i>(Please print name and date)</i> <b>Chad A. McGowan</b> <i>6/16/08</i> |   |

Your prompt response is appreciated. For your convenience our fax number is (513) 830-9583 should you decide to fax us your response.

Sincerely,

*Jennifer Layman*

Jennifer Layman  
 (513) 830-0992